

PCT

REQUEST

The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty.

For receiving Office use only

International Application No.

International Filing Date

Name of receiving Office and "PCT International Application"

Applicant's or agent's file reference
(if desired) (12 characters maximum) 59.83822/01

Box No. I TITLE OF INVENTION

Gene Therapy

Box No. II APPLICANT

☐ This person is also inventor

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

Hydrodynamic Gene Delivery Ltd.

21 Wilson Street
London EC2M 2TD
United Kingdom

Telephone No.

Facsimile No.

Teleprinter No.

Applicant's registration No. with the Office

State (that is, country) of nationality:

GB

State (that is, country) of residence:

GB

This person is applicant for the purposes of:

☐ all designated States

☒ all designated States except the United States of America

☐ the United States of America only

☐ the States indicated in the Supplemental Box

Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

Andrew Pacey
26 Coventry Close
Stevenage
Herts
SG1 4PB
United Kingdom

This person is:

☐ applicant only

☒ applicant and inventor

☐ inventor only (If this check-box is marked, do not fill in below.)

Applicant's registration No. with the Office

State (that is, country) of nationality:

GB

State (that is, country) of residence:

GB

This person is applicant for the purposes of:

☐ all designated States

☐ all designated States except the United States of America

☒ the United States of America only

☐ the States indicated in the Supplemental Box

☐ Further applicants and/or (further) inventors are indicated on a continuation sheet.

Box No. IV AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE

The person identified below is hereby/has been appointed to act on behalf of the applicant(s) before the competent International Authorities as:

☒ agent

☐ common representative

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

Frank B. Dehn & Co.
179 Queen Victoria Street
London
EC4V 4EL
GB

Telephone No.

0044 1273 244200

Facsimile No.

0044 20 7206 0700

Teleprinter No.

Agent's registration No. with the Office

☐ Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.

See Notes to the request form

Box No. IX CHECK LIST; LANGUAGE OF FILING

This international application contains:	This international application is accompanied by the following item(s) (mark the applicable check-boxes below and indicate in right column the number of each item):	Number of items
(a) in paper form, the following number of sheets:	1. <input type="checkbox"/> fee calculation sheet	:
request (including declaration sheets) :	2. <input type="checkbox"/> original separate power of attorney	:
description (excluding sequence listing and/or tables related thereto) :	3. <input type="checkbox"/> original general power of attorney	:
claims :	4. <input type="checkbox"/> copy of general power of attorney; reference number, if any:	:
abstract :	5. <input type="checkbox"/> statement explaining lack of signature	:
drawings :	6. <input type="checkbox"/> priority document(s) identified in Box No. VI as item(s):	:
Sub-total number of sheets :	7. <input type="checkbox"/> translation of international application into (language):	:
sequence listing :	8. <input type="checkbox"/> separate indications concerning deposited microorganism or other biological material	:
tables related thereto :	9. <input type="checkbox"/> sequence listing in computer readable form (indicate type and number of carriers)	:
(for both, actual number of sheets if filed in paper form, whether or not also filed in computer readable form; see (c) below)	(i) <input type="checkbox"/> copy submitted for the purposes of international search under Rule 13ter only (and not as part of the international application) :	:
Total number of sheets :	(ii) <input type="checkbox"/> (only where check-box (b)(i) or (c)(i) is marked in left column) additional copies including, where applicable, the copy for the purposes of international search under Rule 13ter	:
	(iii) <input type="checkbox"/> together with relevant statement as to the identity of the copy or copies with the sequence listing mentioned in left column :	:
(b) <input type="checkbox"/> only in computer readable form (Section 801(a)(i))	10. <input type="checkbox"/> tables in computer readable form related to sequence listing (indicate type and number of carriers)	:
(i) <input type="checkbox"/> sequence listing	(i) <input type="checkbox"/> copy submitted for the purposes of international search under Section 802(b-quater) only (and not as part of the international application)	:
(ii) <input type="checkbox"/> tables related thereto	(ii) <input type="checkbox"/> (only where check-box (b)(ii) or (c)(ii) is marked in left column) additional copies including, where applicable, the copy for the purposes of international search under Section 802(b-quater)	:
(c) <input type="checkbox"/> also in computer readable form (Section 801(a)(ii))	(iii) <input type="checkbox"/> together with relevant statement as to the identity of the copy or copies with the tables mentioned in left column :	:
(i) <input type="checkbox"/> sequence listing	11. <input type="checkbox"/> other (specify):	:
(ii) <input type="checkbox"/> tables related thereto		
Type and number of carriers (diskette, CD-ROM, CD-R or other) on which are contained the		
<input type="checkbox"/> sequence listing:		
<input type="checkbox"/> tables related thereto:		
(additional copies to be indicated under items 9(ii) and/or 10(ii), in right column)		

Figure of the drawings which should accompany the abstract:

Language of filing of the international application:

English

Box No. X SIGNATURE OF APPLICANT, AGENT OR COMMON REPRESENTATIVE

Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the request).


 Rebecca Gardner - Agent for the Applicant

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1. Date of actual receipt of the purported international application:	2. Drawings: <input type="checkbox"/> received: <input type="checkbox"/> not received:
3. Corrected date of actual receipt due to later but timely received papers or drawings completing the purported international application:	
4. Date of timely receipt of the required corrections under PCT Article 11(2):	
5. International Searching Authority (if two or more are competent): ISA /	6. <input type="checkbox"/> Transmittal of search copy delayed until search fee is paid

For International Bureau use only

Date of receipt of the record copy by the International Bureau:

This sheet is not part of and does not count as a sheet of the international application.

PCT

FEE CALCULATION SHEET

Annex to the Request

For receiving Office use only

International Application No.

Date stamp of the receiving Office

Applicant's or agent's
file reference

59.83822/01

Applicant

Hydrodynamic Gene Delivery Ltd.

et al

CALCULATION OF PRESCRIBED FEES

1. TRANSMITTAL FEE 55 T

2. SEARCH FEE 1078 S

International search to be carried out by

EP

(If two or more International Searching Authorities are competent to carry out the international search, indicate the name of the Authority which is chosen to carry out the international search.)

3. INTERNATIONAL FILING FEE

Where items (b) and/or (c) of Box No. IX apply, enter Sub-total number of sheets } 45
Where items (b) and (c) of Box No. IX do not apply, enter Total number of sheets }

i1 first 30 sheets 628 i1

i2 15 x 7 = 105 i2
number of sheets in excess of 30 fee per sheet

i3 additional component (only if sequence listing and/or tables related thereto are filed in computer readable form under Section 801(a)(i), or both in that form and on paper, under Section 801(a)(ii)):

400 x = i3
fee per sheet

Add amounts entered at i1, i2 and i3 and enter total at I I

(Applicants from certain States are entitled to a reduction of 75% of the international filing fee. Where the applicant is (or all applicants are) so entitled, the total to be entered at I is 25% of the international filing fee.)

4. FEE FOR PRIORITY DOCUMENT (if applicable) 22 P

5. TOTAL FEES PAYABLE 1 888

Add amounts entered at T, S, I and P, and enter total in the TOTAL box

TOTAL

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deposit account (see below)

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☒ cheque

☐ bank draft

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☐ Authorization to charge the fee for priority document.

Receiving Office: RO/

Deposit Account No.:

Date: 29 March 2005

Name: Rebecca Gardner

Signature: